

## STREET USE PERMIT APPLICATION

### EVENT INFORMATION

Name of Event: Equinox @ 420 West Gorham Move In

Event Organizer/Sponsor: Madison Property

Is Organizer/Sponsor a 501(c)3 non-profit agency? ☐ Yes ☒ No

MANDATORY: State Sales Tax Exemption Number: ES#: \_\_\_\_\_

OPTIONAL: Federal Tax Exempt Number: \_\_\_\_\_

Address: 1202 Regent St

City/State/Zip: Madison, WI 53715

Primary Contact: Lindsey Scheidegger Work Phone: 608-268-4981

Email: lindsey@madisonproperty.com Phone During Event: 608-212-7866 (cell)

Website: \_\_\_\_\_ FAX: 608-255-9656

Secondary Contact: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Phone During Event: \_\_\_\_\_

Annual Event? ☒ Yes ☐ No

Charitable Event? ☐ Yes ☒ No

If Yes, Name of charity to receive donations: N/A

Estimated Attendance: 300-400 people (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Public Amplification? (not allowed after 11 p.m.): ☐ Yes ☒ No

Hours: \_\_\_\_\_ to \_\_\_\_\_

### EVENT CATEGORY

☒ Run/Walk ☐ Music/Concert ☐ Festival ☐ Rally ☒ Parking (i.e., bagging meters)

☒ Other: Lane Blockage for Campus Move In

### LOCATION REQUESTED

☐ Capitol Square (note specific blocks below) ☐ State St. Mall/800 State Street

☐ 30 on the Square (aka top of 100 block of State Street) ☐ Other (specific blocks/streets requested below)

Street Names and Block Numbers: 400 Block of West Gorham / 300 Block of Brown St.

### EVENT DATE(S)/SCHEDULE

Date(s) of Event: 8/15/16 Event Start and End Times: 11AM-4pm

Rain Date (if any): \_\_\_\_\_ Set-Up Start Time: meter bags 8/14 (night) 11AM 8/15

Take-Down Start Time and End Times: 3:30-3:45pm

TAKE-DOWN TIME: START TO STREETS REOPENED

Will sponsor apply for temporary class B license to serve or sell beer/wine for this event? ☐ Yes ☒ No

If class B license is denied, will the event(s) occur? ☐ Yes ☒ No

☒ By initialing, I/we waive the 21-day decision requirement.

### APPLICATION SIGNATURE

BY SIGNING THIS APPLICATION, THE "EVENT ORGANIZER/SPONSOR" LISTED ABOVE AGREES TO INDEMNIFY, DEFEND, AND HOLD THE CITY AND ITS OFFICERS, OFFICIALS, EMPLOYEES AND AGENTS HARMLESS AGAINST ALL CLAIMS, LIABILITY, LOSS, DAMAGE, OR EXPENSE INCURRED BY THE CITY ON ACCOUNT OF ANY INJURY TO OR DEATH OF ANY PERSON OR ANY DAMAGE TO PROPERTY CAUSED BY OR RESULTING FROM THE ACTIVITIES FOR WHICH THE PERMIT IS GRANTED.

Applicant Signature: [Signature] Date: 6/13/16

Equinox Move-In Schedule and Plan  
8/15/2016

8:00am: Set up key stations in the rear of the Equinox for incoming residents to pick up keys

8:30am: Set up signs in and around 1<sup>st</sup> floor of the building as well as the underground parking garage directing incoming residents to key stations.

9:00am: Inspect parking garage for illegal parkers; ensure maximum parking availability for move in.

9:30am: Begin directing and monitoring traffic into and out of parking garage.

9:45am: Set up “LEFT LANE ENDS: Equinox Move-In Only” caution signs on northwest corner of the W. Mifflin St/Broom St. and the W Johnson St/Broom St intersections.

11:00am: Place a member of our staff on Broom St where parking meters are bagged. There will be an “Equinox & 420 West Move-In Only” sign here. Our staff will be responsible for directing movers in and out of this area.

Another member of our staff will be placed in front of the Equinox building. Their responsibility will be to allow incoming resident vehicles in to the coned off merge lane. There will be another member of our staff at the Equinox driveway, whose responsibility is to direct cars in and out of the garage, and also to direct larger vehicles where to park along the closed off lane as needed (when the garage is full and/or inaccessible to them)

12:00pm: Start officially handing out keys to incoming residents.

12:00pm-4:00pm: Monitor parking garage and street lane heavily at all times to maintain control and utmost safety during move-in.

3:45pm: Take down cones and signs, begin allowing traffic through. Street will be cleared by 4:00pm sharp.

5:00pm: Start taking down key stations

6:00pm: Move-in day complete.

Brick House BBQ

420 West Gorham



W. Gorham St.

Equinox  
409 W.  
Gorham

La Ville

Aberdeen



N. Broom St.



**Bagged Meters**

Starting: 8/14/10 at

Bags Removed: 8/15/10 at



**Light Pole**



**Parking Barrels and Cones**

Starting 20 ft. East of pole  
Ending 20 ft. West of N. Bassett corner

N. Bassett St.



MADIS18 OP ID: KO

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/13/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Baer Insurance Services, LLC PO Box 46490 9701 Brader Way Madison, WI 53562 David Montgomery	<b>CONTACT NAME:</b> David Montgomery		
	<b>PHONE (A/C, No, Ext):</b> 608-830-5800	<b>FAX (A/C, No):</b> 608-830-5877	
	<b>E-MAIL ADDRESS:</b> Davidm@baerinsurance.com		
<b>INSURED</b> Madison Property Management, Inc 1202 Regent Street Madison, WI 53715	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A : QBE</b>		<b>24414</b>
	<b>INSURER B : Wilson Mutual</b>		<b>19950</b>
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
		<b>INSURER F :</b>	

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		CCI0410273	12/01/2015	12/01/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CBA0410273	12/01/2015	12/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CCU0410273	12/01/2015	12/01/2016	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	32.006074-00	01/01/2016	01/01/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Employee Dishonesty			CCI0410273	12/01/2015	12/01/2016	Limit 275,000 Deductibl 250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

## CANCELLATION

City of Madison  
210 Martin Luther King Jr Blvd  
Madison, WI 53703

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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